

**PATENT APPLICATION FEE DETERMINATION RECORD**  
Effective October 1, 2003

Application or Dockets Number

1078 0618

**CLAIMS AS FILED - PART I**

|   | (Column 1)    | (Column 2)   |
|---|---------------|--------------|
| TOTAL CLAIMS  | 22            |              |
| FOR   | NUMBER FILED  | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS                                   | 22 minus 20 = | 2            |
| INDEPENDENT CLAIMS  | 1 minus 3 =   |              |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> |               |              |

\* If the difference in column 1 is less than zero, enter "0" in column 2

**CLAIMS AS AMENDED - PART II**

|   | (Column 1)                       | (Column 2)                         | (Column 3)    |
|---|----------------------------------|------------------------------------|---------------|
| AMENDMENT A   | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total   | 22                               | 22                                 |               |
| Independent   | 1                                | 3                                  |               |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |                                    |               |

SMALL ENTITY TYPE ☐ OR

OTHER THAN SMALL ENTITY

| RATE      | FEE    | OR | RATE      | FEE    |
|-----------|--------|----|-----------|--------|
| BASIC FEE | 385.00 | OR | BASIC FEE | 770.00 |
| XS 9=     |        | OR | XS18=     | 36     |
| X43=      |        | OR | X86=      |        |
| +145=     |        | OR | +290=     |        |
| TOTAL     |        | OR | TOTAL     | 466    |

SMALL ENTITY OR

OTHER THAN SMALL ENTITY

| RATE             | ADDITIONAL FEE | OR | RATE             | ADDITIONAL FEE |
|------------------|----------------|----|------------------|----------------|
| XS 9=            |                | OR | XS18=            |                |
| X43=             |                | OR | X86=             |                |
| +145=            |                | OR | +290=            |                |
| TOTAL ADDIT. FEE |                | OR | TOTAL ADDIT. FEE |                |

| RATE             | ADDITIONAL FEE | OR | RATE             | ADDITIONAL FEE |
|------------------|----------------|----|------------------|----------------|
| XS 9=            |                | OR | XS18=            |                |
| X43=             |                | OR | X86=             |                |
| +145=            |                | OR | +290=            |                |
| TOTAL ADDIT. FEE |                | OR | TOTAL ADDIT. FEE |                |

| RATE             | ADDITIONAL FEE | OR | RATE             | ADDITIONAL FEE |
|------------------|----------------|----|------------------|----------------|
| XS 9=            |                | OR | XS18=            |                |
| X43=             |                | OR | X86=             |                |
| +145=            |                | OR | +290=            |                |
| TOTAL ADDIT. FEE |                | OR | TOTAL ADDIT. FEE |                |

11/29/04

|   | (Column 1)                       | (Column 2)                         | (Column 3)    |
|---|----------------------------------|------------------------------------|---------------|
| AMENDMENT B   | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total   | 1                                | 22                                 |               |
| Independent   | 1                                | 1                                  |               |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |                                    |               |

|   | (Column 1)                       | (Column 2)                         | (Column 3)    |
|---|----------------------------------|------------------------------------|---------------|
| AMENDMENT C   | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total   |                                  |                                    |               |
| Independent   |                                  |                                    |               |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |                                    |               |

- \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- \* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
- \* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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